

REFUSAL OF ENTRY



After promptly telephoning the Regional Supervisor or Division Director and notifying them of the denial, the CSHO shall transmit in writing the following information to the Regional Supervisor:

1. Regional or Branch Office involved: _____ Telephone: () _____

Regional Supervisor: _____ Date of Employment: _____

2. CSHO full name: _____ Date of Employment: _____

Inspection No., if assigned: _____ Inspection Type: _____ Safety _____ Health _____
Both _____

3. Legal name of Establishment: _____

Site Address: _____

City/County

Zip

Mailing Address (if different): _____

City/County

Zip

4. Estimated number of Employees: _____

5. Date and Time of Entry: _____ Date and Time of Denial: _____

Stage of denial (entry, opening conference, walkaround): _____

6. Full name and title of person to whom CSHO presented credentials: _____

Full name and title of person who refused entry: _____

Reason(s) stated for denial: _____

Response of CSHO to reason(s): _____

Name and address of witnesses to denial of entry: _____

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